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DOC CODE	DOC DATE	MISCELLANEOUS
<input type="checkbox"/> 1449	_____	<input type="checkbox"/> Continuing Data
<input type="checkbox"/> IDS	_____	<input type="checkbox"/> Foreign Priority
<input type="checkbox"/> CLM	_____	<input checked="" type="checkbox"/> Document Legibility
<input type="checkbox"/> IIFW	_____	<input type="checkbox"/> Fees
<input type="checkbox"/> SRFW	_____	<input type="checkbox"/> Other
<input type="checkbox"/> DRW	_____	
<input type="checkbox"/> OATH	_____	
<input type="checkbox"/> 312	_____	
<input type="checkbox"/> SPEC	_____	

[RUSH] MESSAGE: Primary Examiner's name is
illegible. Please Provide Clear
Copy.

Thomas,
A. Lewis

[XRUSH] RESPONSE: Examiner's name is
Suzanne Barrett

INITIALS: PS

INITIALS: PS

NOTE: This form will be included as part of the official USPTO record, with the Response document coded as XRUSH.
REV 10/04